Crane Counseling, LLC
7313 Millwood Road
Bethesda, MD 20817
Office: 301.370.9794
CraneCounselingLLC.com
EIN: 45-2263500

INFORMED CONSENT FOR PSYCHOTHERAPY

I/we have been given and have read the material provided by Crane Counseling, LLC regarding their psychotherapy practice.

I/we have read and understand the background, philosophy and approach that Crane Counseling, LLC has disclosed in their statement.

I/we also understand and accept the terms as outlined in the material provided regarding confidentiality, office policies and procedures, e-mail communication, fees, and client rights and responsibilities**. I/We have agreed to the fees for services, as indicated in the terms**. If not, we have agreed to the following fees for services: ____ to be re-evaluated in 3 months.

I/we understand the fees as outlined in the material. I/we understand that Crane Counseling, LLC does not take insurance of any kind and therefore I/we are responsible for the payment at time of service. However, these services may be covered under my/our medical savings plan. Extended appointments and phone consults will be charged an extra $1/minute**. I/we also understand that we need to cancel appointments 48 HOURS IN ADVANCE by phone in order to avoid a charge of the regular session fee,** unless there are extenuating circumstances, as outlined in the material provided.

I/we give permission for Crane Counseling, LLC to contact me and/or leave brief messages on any of my voice mails or answering machines confirming, changing or canceling an appointment with the **EXCEPTION** of (please initial) ___home ___work ___cell. I consent to e-mail communication to change/confirm appointments, if necessary.

HIPAA POLICY CONSENT TO USE OR DISCLOSE INFORMATION FOR TREATMENT, PAYMENT, AND HEALTH CARE OPERATIONS
Federal regulations (HIPAA) allow me to use or disclose Protected Health Information (PHI) from your record in order to provide treatment to you, to obtain payment for the services we provide, and for other professional activities (known as "health care operations."). Nevertheless, we ask your consent in order to make this permission explicit. The Notice of Privacy Practices describes these disclosures in more detail. You have the right to review the Notice of Privacy Practices before signing this consent. We reserve the right to revise our Notice of Privacy Practices at any time. If we do so, the revised Notice will be posted in the office. You may ask for a printed copy of my Notice at any time. You may ask us to restrict the use and disclosure of certain information in your record that otherwise would be disclosed for treatment, payment, or health care operations; however, we do not have to agree to these restrictions. If we do agree to a restriction, that agreement is binding.

Crane Counseling, LLC
7313 Millwood Road
Bethesda, MD 20817
Office: 301.370.9794
CraneCounselingLLC.com
EIN: 45-2263500

You may revoke this consent at any time by giving written notification. Such revocation will not affect any action taken in reliance on the consent prior to the revocation. This consent is voluntary; you may refuse to sign it. However, we are permitted to refuse to provide health care services if this consent is not granted, or if the consent is later revoked. I/we hereby consent to the use or disclosure of my Protected Health Information as specified above. I/we hereby acknowledge that I have received and have been given an opportunity to read a copy of Crane Counseling, LLC's Notice of Privacy Practices. I/we understand that if I have any questions regarding the Notice or my privacy rights, I can discuss them with my Crane Counseling, LLC therapist. Further inquiries can be addressed to the Secretary of Health and Human Services, 200 Independence Avenue, SW, Washington, D.C. or by calling 202-619-0257.

Please sign below to acknowledge that you have read, understood and agree to the terms previously described.

______________________________	______________________________
SIGNATURE of Client/Parent/Guardian	SIGNATURE of Client/Parent/Guardian
________	________
DATE	DATE

____
SIGNATURE OF THERAPIST,
CRANE COUNSELING, LLC

____
DATE